

Case Number:	CM15-0189825		
Date Assigned:	10/01/2015	Date of Injury:	06/01/2015
Decision Date:	11/16/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, knee, and low back pain reportedly associated with an industrial injury of June 1, 2015. In a Utilization Review report dated September 12, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced an RFA form received on August 28, 2015 and an associated progress note dated July 30, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 30, 2015 office visit, the applicant reported multifocal complaints of knee, low back, bilateral shoulder, and neck pain, highly variable, ranging from 5-8/10. The applicant did retain well-preserved, 5/5 upper extremity motor function. The attending provider acknowledged that the applicant was not working. The attending provider seemingly suggested that the applicant's pain complaints were a function of cumulative trauma at work. The attending provider noted that the applicant's biggest issue was the lumbar spine. The applicant was asked to consider epidural steroid injections. Cervical MRI imaging was sought to "rule out" a disk herniation. MR arthrography of the shoulder, MRI imaging of the cervical spine, and a pain management referral were endorsed, along with a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the requesting provider's progress note of July 30, 2015 made no mention of the applicant's willingness to consider or contemplate any kind of surgical procedure or surgical intervention involving the cervical spine based on the outcome of the study in question. It was not stated how (or if) the proposed cervical MRI would influence or alter the treatment plan. The fact that multiple MRI studies to include MR arthrography of the shoulder and MRI imaging of the cervical spine were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of either study and/or go on to consider surgical intervention based on the outcome of the same. The applicant's multifocal pain complaints, 5/5 upper extremity motor function, and intact upper extremity sensorium, moreover, argued against the presence of any bona fide nerve root compromise referable to the cervical. Therefore, the request was not medically necessary.